PTC/SB/17 (12-04v2)
Approved for use through 07/31/2005. OMB 0651-0032
U.S. Pstent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	ective on 12/08/2	2004		-अस्य क्षा स्टाल्टिया			te if Know	a valid OMR control number
Fees pursuant to the Conso	olidated Appropri	ations Act. 2005 (H.R		Application Nu		10/749,	~-	RECE
FEE TI	RANS	SMITTA	\ L	Filing Date		12/20/20		CENTRALF
F	or FY 2	005		First Named In	ventor	Mattina		1444
Applicant claims small entity status. See 37 CFR 1.27						Walter, Craig		JAN ()
Applicant claims sm	all entity status	S. See 37 CFR 1.2	27	Art Unit		2188	<u> </u>	
TOTAL AMOUNT OF PA	YMENT (\$	790.00		Attorney Docke	et No.	P17893		
METHOD OF PAYME	NT (check al	I that apply)						
Check Credi	t Card 1	Money Order	Nor	ne Other (please ide	entify):		
✓ Deposit Account				· ·			Corpora	tion
For the above-ide	ntified deposit	account, the Direct	or is her	reby authorized to	o: (check	all that a	poly)	
	(s) indicated be					•		
		(s) or underpayme	nts of fe	~~ 🗔				ept for the filing fee
WARNING: Information on t	FR 1 18 and 1	17		TA CIRC		e rpay men		
information and authorization	on PTO-2038	· ·	card iiii	ration should i	lot de inc	indea ou r	his form. Pro	ivide credit card
FEE CALCULATION								
1. BASIC FILING, SEA	ARCH, AND	EXAMINATION						
		FILING FEES Small Entity		CH FEES	EXAN	VINATION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$	Small Entity Fee (5)	Fee		l Entity e.(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	10	00	
Design	200	100	100	50	130) (55	
Plant	200	100	300	150	160) {	30	
Reissue	300	150	500	250	600	30)0	
Provisional	200	100	0	0	0)	0	<u> </u>
2. EXCESS CLAIM FE Fee Description	EEŞ					_		mall Entity
Each claim over 20	(including R	cissnes)				E	69 (\$) 50	Fee (\$)
Each independent claim over 3 (including Reissues)							200	25 100
Multiple dependent				360 '	180			
Total Claims - 20 or HP =		xtra Claims Fee (\$)		Fee Paid (\$)		Multiple Depend		endent Claims
HP = highest number of tot		t, if greater than 20.	=				Fee (\$)	Fee Paid (\$)
Indep. Claims - 3 or HP =	Extra Claim	<u> Fee (\$)</u>	Fee	Pald (\$)				
HP = highest number of ind	ependent claims	paid for, if greater tha					*	
3. APPLICATION SIZE	: Cre							
If the specification an	o drawings e:	the application	of pap	er (excluding e	lectroni	ically file	ed sequenc	e or computer
listings under 37 (sheets or fraction t	hereof. See	35 U.S.C. 41(a)	11/G) a	nd 37 (FR 1 1	125 IOF 66%	small en	itity) for ea	ich additional 50
<u>Total Sheets</u> - 100 =	Extra Shee	<u> Number</u>	of each	i additional 50 o	r fractio	n thereof	Fee (\$) <u>Fee Paid (\$)</u>
OTHER FEE(S)		/50 =		(round up to a w	mole nun	nber) x		=
Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (\$)
Other (e.g., late filio								700.00
IBMITTED BY		- Section of Automotive Control				·		790.00
	McAhee/Dan	No. 58 404/	· IR	egistration No			Tolonha	
	(A				B.104			503-712-4988
me (Film Type) David P.	Print/Type) David P. McAbee						Date January 8, 2007	

This collection of Information is required by 37 CFR 1.136. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.